

Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☒ Amended return
☐ Application pending

C Please use IRS label or print or type. See Specific Instructions.
C Name of organization
EngenderHealth Inc
Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite
440 NINTH AVENUE
City or town, state or country, and ZIP + 4
NEW YORK, NY 10001

D Employer identification number
13-1623838
E Telephone number
(212) 561-8000
G Gross receipts \$ 66,780,139

F Name and address of principal officer
Mark Allen Trozzi
440 NINTH AVENUE
NEW YORK,NY 10001
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (3) ◀(Insert no) ☐ 4947(a)(1) or ☐ 527
J Website: ▶ www.engenderhealth.org

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1943 M State of legal domicile NJ

Part I Summary

Activities & Governance
1 Briefly describe the organization's mission or most significant activities
EngenderHealth's mission is to improve the health and well-being of people in the poorest communities of the world
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 _____ 2
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 _____ 2
5 Total number of employees (Part V, line 2a) 5 _____ 52
6 Total number of volunteers (estimate if necessary) 6 _____ 2
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a _____
b Net unrelated business taxable income from Form 990-T, line 34 7b _____

Revenue
8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Expenses
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶\$501,883
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses Subtract line 18 from line 12
Net Assets or Fund Balances
20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances Subtract line 21 from line 20

Prior Year Current Year
91,849,340 60,599,195
2,043,525 2,272,023
1,305,316 -118,485
59,519 2,800
95,257,700 62,755,533
10,789,027 7,288,048
0 0
20,090,986 22,357,642
0 0
26,206,258 28,831,620
57,086,271 58,477,310
38,171,429 4,278,223
Beginning of Year End of Year
56,707,631 35,801,294
8,532,741 9,610,388
48,174,890 26,190,906

Part II Signature Block

Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
Signature of officer Date
Daniel Doucette Vice President of Operations & CFO
Type or print name and title
Paid Preparer's Use Only
Preparer's signature KPMG LLP Date Check if self-employed ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Phone no (212) 758-9700

Part III

Statement of Program Service Accomplishments (see instructions.)

1

Briefly describe the organization's mission

EngenderHealth is a leading international reproductive health organization working to improve the quality of health care in the worlds poorest communities EngenderHealth empowers people to make informed choices about contraception, trains health providers to make motherhood safer, promotes gender equity, enhances the quality of HIV and AIDS services, and advocates for positive policy change The non-profit organization works in partnership with governments, institutions, communities, and health care professionals in 25 countries around the world Over 65 years, EngenderHealth has reached more than 100 million people to help them realize a better life

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 39,048,575 including grants of \$ 5,753,140) (Revenue \$ 1,840,339)

CAPACITY BUILDING AND Technical ASSISTANCE Orientation, training, and technical support to provider institutions, professionals, and government entities on all aspects of developing, implementing, and evaluating family planning and reproductive health care service delivery systems to introduce, expand and improve services EngenderHealth works to transfer knowledge and skills in the areas of medical and surgical services, training, counseling, evaluation, and research These activities generally are for the benefit of specific country programs and they may include financial support in the form of grants and medical equipment

4b

(Code) (Expenses \$ 8,597,686 including grants of \$ 1,534,909) (Revenue \$ 386,244)

GLOBAL AND EMERGING PROGRAMS Work to advance health and family planning services worldwide, principally leadership in the public and professional arenas and development of innovative approaches to service delivery and related operations These activities include developing and disseminating client, public, and professional information and educational materials, training curricula, and other technical materials, conducting and publishing clinical and practical research, assisting in the development of public policy, and convening and conducting seminars, conferences, and other professional events

4c

(Code) (Expenses \$ 271,525 including grants of \$) (Revenue \$ 45,440)

Program Support Activities to guide, direct, and assess the development, implementation, and evaluation of program service activities

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)
















4e

Total program service expenses

\$ 47,917,786 (Must equal Part IX, Line 25, column (B).)









Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i> 	15	Yes
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i> 	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i> 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27	No

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
28a			No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
28b			No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		No
28c			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 	Yes	
29		Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 		No
30			No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 		No
31			No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
32			No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 		No
33			No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 	Yes	
34		Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 	Yes	
35		Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 		No
36			No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 		No
37			No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a63		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a522		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country <u> UG , SF , AJ , BG , BL , IN , NI , GH , ET , GV </u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	Yes	
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?		No
15b	Other officers or key employees of the organization?		No
	Describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AR, CA, CT, GA, IL, KS, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MONA WILLIAMS CONTROLLER 440 NINTH AVENUE NEW YORK, NY 10001 (212) 561-8033

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input checked="" type="checkbox"/> Individual	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STASIA A OBREMSKEY CHAIR, BOARD OF DIRECTORS	10	X						0	0	0
FRANCINE M COEYTAUX CHAIR, EXECUTIVE COMMITTEE	10	X						0	0	0
ALLAN ROSENFELD VICE CHAIR	10	X						0	0	0
NAFIS SADIK VICE CHAIR	10	X						0	0	0
BRENDA J DRAKE SECRETARY	10	X						0	0	0
MARY K STEVENS ASSISTANT SECRETARY	10	X						0	0	0
KAREN N HORN TREASURER	10	X						0	0	0
ROBERT D PETTY ASSISTANT TREASURER	10	X						0	0	0
GEORGE F BROWN DIRECTOR	10	X						0	0	0
CHARLES S CARIGNAN DIRECTOR	10	X						0	0	0
ROSEMARY ELLIS DIRECTOR	10	X						0	0	0
ANA MARIA GOLDANI DIRECTOR	10	X						0	0	0
UMA LELE DIRECTOR	10	X						0	0	0
MARGARET NEUSE DIRECTOR	10	X						0	0	0
JEFFREY OMALLEY DIRECTOR	10	X						0	0	0
VIRGINIA OFOSU AMAAH DIRECTOR	10	X						0	0	0
FRANCES H SNEDEKER DIRECTOR	10	X						0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Institutional Trustee	<input type="checkbox"/> Officer	<input type="checkbox"/> Key employee	<input type="checkbox"/> Highest compensated employee	<input type="checkbox"/> Former			
MICHAEL STEVENS DIRECTOR	1 0	X						0	0	0
BELLE TAYLOR MCGHEE DIRECTOR	1 0	X						0	0	0
CECILY C WILLIAMS DIRECTOR	1 0	X						0	0	0
WENDY L WYSONG DIRECTOR	1 0	X						0	0	0
JANICE HANSEN ZAKIN DIRECTOR	1 0	X						0	0	0
ANA LANGER PRESIDENT	35 0			X				289,167	0	38,210
ISAAH NDONG VP FOR PROGRAM	35 0			X				195,638	0	45,132
MARK TROZZI VP OF OPERATIONS AND CFO	35 0			X				214,911	0	42,162
TERRENCE JEZOWSKI VP FOR EXTERNAL RELATIONS	35 0			X				178,380	0	38,731
CHRISTINE RATNAM VP OF ORGANIZATIONAL DEV & HR	35 0			X				142,968	0	33,475
SANTIAGO PLATA DEPUTY DIRECTOR	35 0				X			159,140	0	39,058
LYNN BAKAMJIAN PROJECT DIRECTOR	35 0				X			154,936	0	38,644
KAREN BEATTIE TECH PROGRAM DIRECTOR	35 0				X			150,236	0	38,174
VINCENT OKPALA DIRECTOR OF INTERNAL AUDIT	40 0				X			140,405	0	27,506
RICHARD KILLIAN CHIEF OF PARTY	35 0					X		195,440	0	35,833
BARBARA JONES DEPUTY DIRECTOR	35 0					X		197,920	0	28,428
ROY JACOBSTEIN MEDICAL DIRECTOR	35 0					X		168,097	0	43,257
JOSEPH RUMINJO CLINICAL DIRECTOR	35 0					X		144,711	0	39,191
LINDA IPPOLITO DIR OF PROGRAM DEVELOPMENT	35 0					X		137,710	0	18,444
1b Total								2,469,659	0	506,245

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 34

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GRANT THORNTON 666 THIRD AVENUE NEW YORK, NY 10017	ACCOUNTING SERVICES	238,645
FENTON COMMUNICATIONS 1000 VERMONT AVENUE NW SUITE 200 WASHINGTON, DC 20005	COMMUNICATIONS	110,173
PAPER TRAIL SOLUTIONS P O BOX 1471 MIDDLETOWN SPRING, VT 05757	FINANCIAL CONSULTANT	125,042
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 3		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	0								
	b	Membership dues	1b	0								
	c	Fundraising events	1c	0								
	d	Related organizations	1d	0								
	e	Government grants (contributions)	1e	46,117,873								
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,481,322								
	g	Noncash contributions included in lines 1a-1f \$ 50,472										
	h	Total. Add lines 1a-1f		60,599,195								
	Program Service Revenue	2a	PRIVATE AND OTHER GOVERNMENT CONTRACTS	Business Code				900,099	2,272,023	2,272,023		
b												
c												
d												
e												
f		All other program service revenue										
g		Total. Add lines 2a-2f		2,272,023								
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		208,561			208,561				
		4	Income from investment of tax-exempt bond proceeds . .		0							
	5	Royalties		0								
	6a	Gross Rents	(i) Real	(ii) Personal								
			2,800									
			0									
			2,800									
	d	Net rental income or (loss)		2,800			2,800					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other								
			3,697,560									
			4,024,606									
			-327,046									
	d	Net gain or (loss)		-327,046			-327,046					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a									
									b	Less direct expenses	b	
									c	Net income or (loss) from fundraising events . .	0	
	9a	Gross income from gaming activities See Part IV, line 19	a									
									b	Less direct expenses	b	
									c	Net income or (loss) from gaming activities . .	0	
	10a	Gross sales of inventory, less returns and allowances	a									
									b	Less cost of goods sold	b	
c									Net income or (loss) from sales of inventory . .	0		
Miscellaneous Revenue		Business Code										
11a												
b												
c												
d	All other revenue											
e	Total. Add lines 11a-11d		0									
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		62,755,533	2,272,023	0	-115,685						

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,650,259	3,650,259		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	3,637,789	3,637,789		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,726,773	444,093	1,280,781	1,899
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	15,922,673	11,690,333	3,974,145	258,195
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,649,589	1,098,865	525,903	24,821
9	Other employee benefits	2,358,188	1,743,186	581,817	33,185
10	Payroll taxes	700,419	454,279	235,674	10,466
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	99,825	54,082	45,721	22
c	Accounting	390,098	33,714	356,384	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	56,388	4,873	51,515	
g	Other	2,658,988	2,032,037	596,668	30,283
12	Advertising and promotion	0			
13	Office expenses	2,741,274	2,513,331	198,115	29,828
14	Information technology	305,974	275,982	21,889	8,103
15	Royalties	0			
16	Occupancy	3,312,814	2,930,742	367,175	14,897
17	Travel	4,052,545	3,400,499	647,541	4,505
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,659,677	8,544,195	113,604	1,878
20	Interest	290,659	76,829	213,830	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	642,689	536,149	101,418	5,122
23	Insurance	148,129	131,045	16,418	666
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	EQUIPMENT RENTAL & MAINTENANCE	3,069,498	2,970,833	93,044	5,621
b	PUBLICATION & PRINTING	1,168,011	1,081,452	14,167	72,392
c	CONTINGENT LIABILITY EXPENSE	377,244		377,244	
d	RECRUITMENT	262,771	41,931	220,840	
e	OTHER EXPENSE	595,036	571,288	23,748	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	58,477,310	47,917,786	10,057,641	501,883
26	Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		3,215,804	1	2,700,863	
	2	Savings and temporary cash investments		1,848,940	2	13,293,102	
	3	Pledges and grants receivable, net		38,527,518	3	10,346,278	
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>			5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		36,756	8	36,756	
	9	Prepaid expenses and deferred charges		1,064,991	9	950,150	
	10a	Land, buildings, and equipment cost basis	10a	10,120,595			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	8,983,313	1,268,229	10c	1,137,282
	11	Investments—publicly traded securities		9,071,534	11	4,511,721	
	12	Investments—other securities See Part IV, line 11		1,233,723	12	1,028,031	
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		440,136	15	1,797,111	
16	Total assets. Add lines 1 through 15 (must equal line 34)			56,707,631	16	35,801,294	
Liabilities	17	Accounts payable and accrued expenses		6,620,564	17	7,270,070	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>			21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities <i>Complete Part X of Schedule D</i>		1,912,177	25	2,340,318	
	26	Total liabilities. Add lines 17 through 25			8,532,741	26	9,610,388
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		1,472,509	27	-1,822,251	
	28	Temporarily restricted net assets		43,230,065	28	24,668,281	
	29	Permanently restricted net assets		3,472,316	29	3,344,876	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		48,174,890	33	26,190,906	
	34	Total liabilities and net assets/fund balances		56,707,631	34	35,801,294	

Part XI

Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
c	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits?	3b	No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization EngenderHealth Inc	Employer identification number 13-1623838
------------------------------------------------	----------------------------------------------

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4

☐

A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally Integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	43,481,111	44,012,523	45,950,884	67,441,698	60,599,195	261,485,411
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	43,481,111	44,012,523	45,950,884	67,441,698	60,599,195	261,485,411
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						0
6 Public Support subtract line 5 from line 4						261,485,411

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	43,481,111	279,669	45,950,884	67,441,698	60,599,195	261,485,411
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	249,617	279,669	216,501	314,742	208,561	1,269,090
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	231,249	55,319	215,255	501,823
11 Total Support (Add lines 7 through 10)						263,256,324
12 Gross receipts from related activities, etc (See instructions)					12	8,937,590

13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	99.327 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	98.56 %

- 16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15		
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16		

Computation of Investment Income Percentage			
17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18		
19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EngenderHealth Inc

Employer identification number
13-1623838

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	5,834,482				
b Contributions	1,858				
c Investment earnings or losses	159,407				
d Grants or scholarships					
e Other expenditures for facilities and programs	210,020				
f Administrative expenses	1,252,337				
g End of year balance	4,533,390				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 21 %

b

Permanent endowment ▶

c

Term endowment ▶ 0 79 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,511,620	2,339,045	172,575
d Equipment		6,552,951	5,588,244	964,707
e Other		1,056,024	1,056,024	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,137,282

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
ALTERNATIVE INVESTMENTS	1,028,031	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
DEPOSITS	350,698
EMPLOYEE ADVANCES	520,450
SUBAWARD ADVANCES	925,963
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	1,797,111

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ADVANCES FROM USAID	2,104,695
POSTRETIREMENT BENEFIT LIABILITY	235,623
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,340,318

Schedule D (Form 990) 2008

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	262,755,533
2	Total expenses (Form 990, Part IX, column (A), line 25)	258,477,310
3	Excess or (deficit) for the year Subtract line 2 from line 1	24,278,223
4	Net unrealized gains (losses) on investments	4-1,129,975
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-25,132,232
9	Total adjustments (net) Add lines 4 - 8	9-26,262,207
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-21,983,984

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	161,838,013
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a-1,129,975
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d212,455
e	Add lines 2a through 2d	2e-917,520
3	Subtract line 2e from line 1	362,755,533
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	562,755,533

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	158,477,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	358,477,310
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	558,477,310

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Supplemental Information 1	Schedule D, Part X - FIN 48 position	EngenderHealth is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code and has been classified as an organization that is not a private foundation under the Section 509(a) EngenderHealth recognizes the effect of income tax positions only if those positions are probable of being sustained Income generated from activities unrelated to EngenderHealth's exempt purpose subject to tax under Internal Revenue Code Section 511 EngenderHealth did not have any material unrelated business income tax liability for the years ended June 30, 2009 or 2008 In June 2006, the Financial Accounting Standards Board (FASB) Issued FASB Interpretation (FIN) No 48, Accounting for Uncertainty in Income Taxes FIN No 48, which clarifies SFAS No 109, establishes the criterion that an individual tax position has to meet for some or all the benefits of that position to be recognized in an entity's financial statements On initial application, FIN No 48 will be applied to all tax positions for which the statute of limitations remains open Only tax positions that meet the "more-likely-than-not" recognition threshold at the adoption date will be recognized or continue to be recognized EngenderHealth has elected to defer adoption of FIN No 48 in accordance with FSP 48-3, Effective Date of FASB Interpretation No 48 for Certain Nonpublic Enterprises, which defers the effective date of FIN No 48 for nonpublic entities included within its scope to annual financial statements for fiscal years beginning after December 15, 2008 The FASB also issued, in September 2009, FASB Accounting Standards Update (ASU) No 2009-06, Implementation Guidance on Accounting for Uncertainty in Income Taxes and Disclosure Amendments for Nonpublic Entities, which reduces the disclosure requirements under FIN No 48 for nonpublic entities and provides additional implementation guidance on accounting for income tax uncertainties EngenderHealth is currently evaluating the impact that FIN No 48 and ASU No 2009-06 will have on its fiscal year 2010 financial statements upon adoption, however, the effects are not expected to have a material impact
Supplemental Information 2	Schedule D, Part V, Line 4 - Endowment Funds Uses	The income generated from the endowment fund is intended to be used to provide EngenderHealth with the resources to ensure the continuity of its ongoing programs around the world, thereby allowing the organization to bridge funding gaps and to meet other emergent needs when funding is not available
Supplemental Information 3	Schedule D, Part XI, Line 8	Losses on Contribution Receivable (24,407,642) Gain From Loss On Contribution Receivable 212,455 Change In Value Of Split-Interest Agreements (315,844) Pension Related Changes Other Than Net Periodic Pension Cost/Credit (621,201) ----- (25,132,232)
Supplemental Information 4	Schedule D, Part XII, Line 2D	GAIN FROM LOSS ON CONTRIBUTIONS RECEIVABLE 212,455

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EngenderHealth Inc

Employer identification number
13-1623838

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance

☒ Yes ☐ No
- 2

For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Sub-Saharan Africa	20	278	Program Services	REPRODUC HEALTH & FAM	31,544,924
East Asia and the Pacific	1	3	Program Services	REPRODUC HEALTH & FAM	223,677
Russia and the Newly Independent States	3	48	Program Services	REPRODUC HEALTH & FAM	1,467,682
South America	1	22	Program Services	REPRODUC HEALTH & FAM	385,806
South Asia	3	62	Program Services	FAMILY PLANN ,FISTULA	2,641,086
Russia and the Newly Independent States	3	48	Grantmaking		77,434
South America	1	22	Grantmaking		76,099
South Asia	3	62	Grantmaking		230,966
Sub-Saharan Africa	21	279	Grantmaking		3,253,290
Totals ►	56	824			39,900,964

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ ☐
Use Schedule F-1 if additional space is needed.

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel
has provided a section 501(c)(3) equivalency letter 49

3 Enter total number of other organizations or entities 40

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule F (Form 990) 2008

Software ID:

Software Version:

EIN: 13-1623838

Name: EngenderHealth Inc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	SEE PART IV	16,175	WIRED			
		Sub-Saharan Africa	SEE PART IV	21,885	WIRED			
		Sub-Saharan Africa	SEE PART IV	208,263	WIRED			
		Sub-Saharan Africa	SEE PART IV	70,318	WIRED			
		Russia	SEE PART IV	72,281	WIRED			
		Sub-Saharan Africa	SEE PART IV	22,020	WIRED			
		Sub-Saharan Africa	SEE PART IV	41,784	WIRED			
		Sub-Saharan Africa	SEE PART IV	24,454	WIRED			
		Sub-Saharan Africa	SEE PART IV	6,220	WIRED			
		Sub-Saharan Africa	SEE PART IV	6,663	WIRED			
		South America	SEE PART IV	76,099	WIRED			
		Sub-Saharan Africa	SEE PART IV	89,314	WIRED			
		Sub-Saharan Africa	SEE PART IV	7,773	WIRED			
		Sub-Saharan Africa	SEE PART IV	331,762	WIRED			
		Sub-Saharan Africa	SEE PART IV	16,468	WIRED			
		Sub-Saharan Africa	SEE PART IV	50,341	WIRED			
		Sub-Saharan Africa	SEE PART IV	75,969	WIRED			
		Sub-Saharan Africa	SEE PART IV	11,088	WIRED			
		Russia	SEE PART IV	5,153	WIRED			
		Sub-Saharan Africa	SEE PART IV	62,573	WIRED			
		Sub-Saharan Africa	SEE PART IV	47,220	WIRED			
		Sub-Saharan Africa	SEE PART IV	166,794	WIRED			
		Sub-Saharan Africa	SEE PART IV	11,584	WIRED			
		Sub-Saharan Africa	SEE PART IV	12,078	WIRED			
		Sub-Saharan Africa	SEE PART IV	18,266	WIRED			
		Sub-Saharan Africa	SEE PART IV	60,120	WIRED			
		South Asia	SEE PART IV	96,059	WIRED			
		Sub-Saharan Africa	SEE PART IV	50,002	WIRED			
		South Asia	SEE PART IV	24,597	WIRED			
		South Asia	SEE PART IV	22,686	WIRED			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	SEE PART IV	45,483	WIRED			
		South Asia	SEE PART IV	16,881	WIRED			
		South Asia	SEE PART IV	9,058	WIRED			
		Sub-Saharan Africa	SEE PART IV	73,268	WIRED			
		Sub-Saharan Africa	SEE PART IV	59,788	WIRED			
		Sub-Saharan Africa	SEE PART IV	38,856	WIRED			
		Sub-Saharan Africa	SEE PART IV	10,011	WIRED			
		Sub-Saharan Africa	SEE PART IV	21,871	WIRED			
		Sub-Saharan Africa	SEE PART IV	76,400	WIRED			
		Sub-Saharan Africa	SEE PART IV	155,607	WIRED			
		Sub-Saharan Africa	SEE PART IV	15,928	WIRED			
		Sub-Saharan Africa	SEE PART IV	5,661	WIRED			
		Sub-Saharan Africa	SEE PART IV	175,494	WIRED			
		Sub-Saharan Africa	SEE PART IV	170,783	WIRED			
		Sub-Saharan Africa	SEE PART IV	7,260	WIRED			
		Sub-Saharan Africa	SEE PART IV	8,299	WIRED			
		Sub-Saharan Africa	SEE PART IV	36,148	WIRED			
		Sub-Saharan Africa	SEE PART IV	216,114	WIRED			
		Sub-Saharan Africa	SEE PART IV	9,360	WIRED			
		Sub-Saharan Africa	SEE PART IV	11,211	WIRED			
		Sub-Saharan Africa	SEE PART IV	63,744	WIRED			
		Sub-Saharan Africa	SEE PART IV	455,645	WIRED			
		Sub-Saharan Africa	SEE PART IV	12,643	WIRED			
		Sub-Saharan Africa	SEE PART IV	16,725	WIRED			
		Sub-Saharan Africa	SEE PART IV	13,481	WIRED			
		Sub-Saharan Africa	SEE PART IV	5,398	WIRED			
		Sub-Saharan Africa	SEE PART IV	6,371	WIRED			
		Sub-Saharan Africa	SEE PART IV	18,089	WIRED			
		Sub-Saharan Africa	SEE PART IV	13,998	WIRED			
		Sub-Saharan Africa	SEE PART IV	26,439	WIRED			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	7,292	WIRED			
		Sub-Saharan Africa	SEE PART IV	69,073	WIRED			
		Sub-Saharan Africa	SEE PART IV	5,983	WIRED			
		Sub-Saharan Africa	SEE PART IV	40,154	WIRED			
		Sub-Saharan Africa	SEE PART IV	5,866	WIRED			

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
EngenderHealth Inc

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
13-1623838

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations 19

3 Enter total number of other organizations 2

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 2		EngenderHealth has an established sub award management system and corresponding SOPs These SOPs are developed and implemented to ensure standardization of the preaward, post-award and close-out management process for subawards throughout EngenderHealth programs A manual has also been developed and implemented for use by subrecipients to assist them in developing, managing and reporting on subawards Training is provided to EngenderHealth staff by a team of country-based grants & contracts and finance coordinators In addition, they train subrecipients to manage the compliance and prepare narrative and financial reports which enables the project team to monitor performance Technical assistance is provided by the Finance and Grants and Contracts units in New York Additionally, financial record management, donor reporting and audits are coordinated, through the use of SOPs
SCHEDULE I-1, PART I - PURPOSE OF GRANT		International development family planning, maternal health, HIV & AIDS, and gender equity
Schedule I, Part I		Engenderhealth Inc issued a sub-grant to Paper Trail Solutions under one of their federally funded projects to provide financial management support to their RESPOND Project

Software ID:
Software Version:
EIN: 13-1623838
Name: EngenderHealth Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Academy for Educational Development1825 Connecticut Avenue NW Washington, DC 20002	13-6110212	501(c)(3)	1,548,207				SEE PART IV
Adventist Dev and Relief Agency Intl12501 Old Columbia Pike Silver Spring, MD 20904	52-1314847	501(c)(3)	151,852				SEE PART IV
CICATELLI505 Eighth Avenue Ste 1801 NEW YORK, NY 10018	13-3020576	501(c)(3)	30,000				SEE PART IV
FHIPO Box 13950 Research Triangle Park, NC 27709	23-7413005	501(c)(3)	17,033				SEE PART IV
FUTURES INSTITUTE41-A New London Turnpike Glastonbury, CT 06033	20-4816286	501(c)(3)	57,191				SEE PART IV
IntraHealth Intl6340 Quadrangle Drive suite 200 Chapel Hill, NC 27517	55-0825466	501(c)(3)	212,275				SEE PART IV
JHU CCP111 Market Place Suite 310 Baltimore, MD 21202	52-0595110	501(c)(3)	36,183				SEE PART IV
Management Sciences for Health784 Memorial Drive Cambridge, MA 02139	04-2482188	501(c)(3)	384,818				SEE PART IV
Mercy Ships15862 Highway 110 N PO Box 2020 Lindale, TX 75771	55-3793975	501(c)(3)	406,196				SEE PART IV
MERIDIAN1250 24th St NW Suite 350 Washington, DC 20037	54-1832764	501(c)(3)	269,407				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Paper Trail Solutions PO Box 1271 Middletown Springs, VT 05757	06-1750910	N/A	60,031				SEE PART IV
PATHPO Box 900922 Seattle, WA 98109	91-1157127	501(c)(3)	107,143				SEE PART IV
Pathfinder IntlNine Galen ST Suite 217 Watertown, MA 02472	53-0235320	501(c)(3)	116,869				SEE PART IV
Population CouncilOne Dag Hammarskjod Plaza new york, NY 10017	13-1687001	501(c)(3)	117,764				SEE PART IV
Save the Children54 Wilton Road Westport, CT 06880	06-0726487	501(c)(3)	46,224				SEE PART IV
The Jane Goodall Institute4245 North Fairfax Drive Suite 600 Arlington, VA 22203	94-2474731	501(c)(3)	38,905				SEE PART IV
University of Washington 3917 University Way NE Seattle, WA 98105	91-6001537	501(c)(3)	5,559				SEE PART IV
WHITE RIBBON ALLOne Thomas Circle NW Suite 200 Washington, DC 20005	20-2029170	501(c)(3)	81,515				SEE PART IV

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EngenderHealth Inc

Employer identification number
13-1623838

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div></div>		
<div><div>a</div><div>Receive a severance payment or change of control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANA LANGER	(i)	285,400	0	3,767	29,486	8,724	327,377	133,900
	(ii)	0	0	0	0	0	0	0
ISAIAH NDONG	(i)	195,144	0	494	26,574	18,558	240,770	97,208
	(ii)	0	0	0	0	0	0	0
MARK TROZZI	(i)	193,911	0	21,000	25,274	16,888	257,073	105,334
	(ii)	0	0	0	0	0	0	0
TERRENCE JEZOWSKI	(i)	177,864	0	516	23,736	14,995	217,111	90,856
	(ii)	0	0	0	0	0	0	0
CHRISTINE RATNAM	(i)	142,278	0	690	18,511	14,964	176,443	56,667
	(ii)	0	0	0	0	0	0	0
RICHARD KILLIAN	(i)	151,086	0	44,354	16,318	19,515	231,273	78,078
	(ii)	0	0	0	0	0	0	0
BARBARA JONES	(i)	163,291	0	34,629	16,318	12,110	226,348	78,078
	(ii)	0	0	0	0	0	0	0
ROY JACOBSTEIN	(i)	167,305	0	792	22,820	20,437	211,354	87,351
	(ii)	0	0	0	0	0	0	0
SANTIAGO PLATA	(i)	158,381	0	759	20,760	18,298	198,198	79,466
	(ii)	0	0	0	0	0	0	0
LYNN BAKAMJIAN	(i)	154,660	0	276	20,373	18,271	193,580	77,984
	(ii)	0	0	0	0	0	0	0
KAREN BEATTIE	(i)	149,720	0	516	20,171	18,003	188,410	77,211
	(ii)	0	0	0	0	0	0	0
JOSEPH RUMINJO	(i)	144,435	0	276	18,941	20,250	183,902	72,500
	(ii)	0	0	0	0	0	0	0
VINCENT OKPALA	(i)	140,285	0	120	18,341	9,165	167,911	67,600
	(ii)	0	0	0	0	0	0	0
LINDA IPPOLITO	(i)	137,530	0	180	17,382	1,062	156,154	68,000
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Schedule J (Form 990) 2008

Software ID:
Software Version:
EIN: 13-1623838
Name: EngenderHealth Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANA LANGER	(i) (ii)	285,400 0	0 0	3,767 0	29,486 0	8,724 0	327,377 0	133,900 0
ISAIAH NDONG	(i) (ii)	195,144 0	0 0	494 0	26,574 0	18,558 0	240,770 0	97,208 0
MARK TROZZI	(i) (ii)	193,911 0	0 0	21,000 0	25,274 0	16,888 0	257,073 0	105,334 0
TERRENCE JEZOWSKI	(i) (ii)	177,864 0	0 0	516 0	23,736 0	14,995 0	217,111 0	90,856 0
CHRISTINE RATNAM	(i) (ii)	142,278 0	0 0	690 0	18,511 0	14,964 0	176,443 0	56,667 0
RICHARD KILLIAN	(i) (ii)	151,086 0	0 0	44,354 0	16,318 0	19,515 0	231,273 0	78,078 0
BARBARA JONES	(i) (ii)	163,291 0	0 0	34,629 0	16,318 0	12,110 0	226,348 0	78,078 0
ROY JACOBSTEIN	(i) (ii)	167,305 0	0 0	792 0	22,820 0	20,437 0	211,354 0	87,351 0
SANTIAGO PLATA	(i) (ii)	158,381 0	0 0	759 0	20,760 0	18,298 0	198,198 0	79,466 0
LYNN BAKAMJIAN	(i) (ii)	154,660 0	0 0	276 0	20,373 0	18,271 0	193,580 0	77,984 0
KAREN BEATTIE	(i) (ii)	149,720 0	0 0	516 0	20,171 0	18,003 0	188,410 0	77,211 0
JOSEPH RUMINJO	(i) (ii)	144,435 0	0 0	276 0	18,941 0	20,250 0	183,902 0	72,500 0
VINCENT OKPALA	(i) (ii)	140,285 0	0 0	120 0	18,341 0	9,165 0	167,911 0	67,600 0
LINDA IPPOLITO	(i) (ii)	137,530 0	0 0	180 0	17,382 0	1,062 0	156,154 0	68,000 0

SCHEDULE M
(Form 990)

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EngenderHealth Inc

Employer identification number
13-1623838

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	50,472	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes", describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b If "Yes", describe in Part II			
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II

[illegible]

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization EngenderHealth Inc	Employer identification number 13-1623838
------------------------------------------------	----------------------------------------------

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 1	FORM 990, PART VI, SECTION A, LINE 10	The Organization's Form 990 is initially prepared by an independent accounting firm based on information provided by the Organization's finance department The finance Department then review s and provides comments on the return as drafted by the accounting firm The Organization's VP of Operations & CFO then review s and approves the revised draft return The Form 990 is emailed to all board members before filing

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 2	FORM 990, PART VI, SECTION B, LINE 12c	A Conflict of Interest Questionnaire is distributed to Board members, Officers and Key Employees near the end of the fiscal year It is distributed along w ith a list of the Board members, Officers and Key Employees and a list of vendors paid more than \$50,000 during the fiscal year The Questionnaire asks if any the follow ing types of relationships existed during the year family, employment, contractual, business ow nership and compensation If a "yes" is indicated they are then asked to disclose a brief description of the relationship

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 3	FORM 990, PART VI, SECTION B, LINE 15a/b	The compensation for the President is set by Chair of the Board of Directors and the Executive Committee of the Board of Directors, on appointment after conducting a benchmarking exercise of similar roles, using data taken from 3rd party organizations The Committee is comprised of independent members of the governing board Other benefits received by the President are in accordance w ith standard terms and conditions of employment for all US - based employees of EngenderHealth Thereafter, increasing compensation for the President is in accordance w ith terms & conditions for EH staff in the US (unless governed by individual contractual agreement) For other officers and key employees, compensation is determined by taking into account 3rd party provided benchmarking data for similar roles in similar types of organizations, any particular labor market forces that may be relevant, the compensation level of the applicant and internal pay parity across EngenderHealth For the fiscal year ended 06-30-09, all NYC-based employees received the same percentage salary increase For the fiscal year ended 06-30-09, EH did not have a set w ritten policy to document the compensation setting process

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 4	FORM 990, PART VI, SECTION C, LINE 19	The organization makes its governing documents, conflict of interest policy, & financial statements available to the public upon request Also, the federal Form 990 w hich includes financial and other disclosures is available on GuideStar

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 5	FORM 990, PART VI, SECTION A, LINE 2	Anne How at, Director Emeriti of the Board, has a family relationship w ith Robert Petty, Assistant Treasurer of the Board

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 6	FORM 990, PART VI, SECTION A, LINE 5	Under the organization's existing w histleblow er policy, an allegation w as reported from an anonymous source How ever, the allegation w as not specific Therefore, in response to the allegation, the organization is conducting an investigation and has recorded a contingent loss liability in its June 30, 2009 issued Audited Financial Statement

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 7	FORM 990, PART VI, LINE 7A/B	As per the terms of the organization's by-law s, EngenderHealth is a member organization Additionally, according to its By-Law s EngenderHealth has two classes of membership, voting and non-voting Voting members consists of Directors of the corporation Non-voting members consists of other-than voting members who support the Mission Statement and contribute to the Corporation at least the minimum amount set from time to time by the Board of Directors The Members hold annual meetings to elect Directors and conduct other business

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 8	FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES - CONTINUATION FROM STMT 2	Kenya Nepal Rw anda Tanzania Turkey

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 9	FORM 990, SECTION B, AMENDED RETURN EXPLANATION	The follow ing Parts and Schedules w ere amended - Form 990, Part IX, Statement of Functional Expense and Part X, Balance Sheet w ere amended to record a probable and estimateable contingent loss liability due to an investigation See Schedule O, General Explanation Attachment 6 for further details Consequently Schedule D, Part XI & XIII, w ere changed - Form 990, Part VII/Schedule J w as amended to adjust reportable compensation amounts from fiscal year to calendar year (W-2) reporting - Form 990, Part I, Line 6 w as adjusted to include independent board members - Form 990, Part IV , Line 12 w as changed to "yes" The June 30,2009 audited financial statement w as made final - Schedule O, General Explanation Attachment 6, w as adjusted to include a description that the June 30, 2009 audited financial statement w as made final - Schedule O, General Explanation Attachment 8, w as removed - Form 990, Part VII, Section B, compensation of the five highest paid independent contractors w ere revised - Schedule F w as revised - Schedule O, General Explanation Attachment 5 w as revised to remove information not required - Schedule O, General Explanation Attachment 3 w as revised primarily to include the fact that EH did not have a set w ritten policy regarding the compensation arrangement for the fiscal year ended 06-30-09 Consequently, Form 990, Part VI, Section B, Line 15 a/b w as changed to "No" - Schedule R, Part V, Line 1b w as checked "yes" for donated services provided to Engenderhealth Welfare Benefit Trust as a result of Engenderhealth employees managing the Trust Engenderhealth does not seek reimbursement from the Trust - Form 990, Part VIII, Line 6 amounts w ere moved from Column (ii) personal property to Column (i) real property

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

▶ See separate instructions.

Name of the organization
EngenderHealth Inc

Employer identification number
13-1623838

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ENGENDERHEALTH WELFARE BENEFIT TRUST 440 NINTH AVENUE NEW YORK, NY10001 51-0541798	WEL BENEFITS	NY	501 (C)(9)	N/A	NA

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 13-1623838
Name: EngenderHealth Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EQUIPMENT RENTAL & MAINTENANCE	3,069,498	2,970,833	93,044	5,621
PUBLICATION & PRINTING	1,168,011	1,081,452	14,167	72,392
CONTINGENT LIABILITY EXPENSE	377,244		377,244	
RECRUITMENT	262,771	41,931	220,840	
OTHER EXPENSE	595,036	571,288	23,748	